

# EXHIBIT 1

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <b>525-2020-01340</b>	
<b>NEW YORK STATE DIVISION OF HUMAN RIGHTS</b> and EEOC <small>State or local Agency, if any</small>			
Name (include Mr. Ms. Mrs.) <b>MS. REBECCA KLYMN</b>		Home Phone <b>364-1824</b> <b>(617) 742-1900</b> Year of Birth	
Street Address <b>10 MARSHALL STREET, BOSTON, MA 02108-          65 Old Pine Lane, Rochester, NY 14615</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>MONROE COUNTY SUPREME COURT</b>		No. Employees, Members <b>15 - 100</b> Phone No.	
Street Address <b>99 EXCHANGE BLVD, 5TH FLOOR, ROCHESTER, NY 14614</b>			
Name		No. Employees, Members Phone No.	
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest <b>03-01-2005 08-12-2020</b> <b>10/29/20</b> <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <b>My sex is female. In or about March 2005, I began employment with the Respondent as a secretary. That is my current position.</b>  <b>When I began employment with the Respondent, my supervisor- Matthew Rosenbaum, NY Supreme Court Justice- informed me that oral sex is a term and condition of employment. Thereafter, I had been subjected to numerous egregious incidents in which I was compelled to fellate Rosenbaum. Also, during this time, I was compelled to accompany him to doctor's appointments and to pick him up for work. Moreover, Rosenbaum came to my home and raped me.</b>  <b>In or about 2010, other employees began to verbally harass me and talk down to me as though I am sub-human. This conduct has continued until I took FMLA leave, beginning on or about October 29, 2019.</b>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

EEOC Form 9 (1/1/2016)

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Agency(ies) Charge  
No(s):☐ FEPA☒ EEOC**525-2020-01340****NEW YORK STATE DIVISION OF HUMAN RIGHTS**

and EEOC

*State or local Agency, if any*

I complained to the Respondent a number of times regarding the above conduct. However, they repeatedly refused to take any immediate and effective action in response. Therefore, I was compelled to go out on FMLA leave on or about October 29, 2019.

I believe that I have been subjected to this hostile, offensive, and intimidating work environment and to different terms and conditions of employment because of my sex/female and in retaliation for participating in protected activity, in willful violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.



NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)